B22C (Official Form 22C) (Chapter 13) (01/08)

In re	Deborah J. Boissoneau							
Case N	umber:	Debtor(s) 09-77646-SWR						
		(If known)						

According to the calculations required by this statement:
☐The applicable commitment period is 3 years.
■The applicable commitment period is 5 years.
■Disposable income is determined under § 1325(b)(3).
□Disposable income is not determined under § 1325(b)(3).
(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME									
	Marital/filing status. Check the box that applies and complete the balance of this part of this state	men	t as directed.							
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.									
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income")	ie'') i	for Lines 2-10.							
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before		Column A		Column B					
	the filing. If the amount of monthly income varied during the six months, you must divide the		Debtor's		Spouse's					
	six-month total by six, and enter the result on the appropriate line.		Income		Income					
2	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	3,730.00	\$	0.00					
	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and									
	enter the difference in the appropriate column(s) of Line 3. If you operate more than one business,									
	profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as									
3	a deduction in Part IV.									
	Debtor Spouse									
	a. Gross receipts \$ 0.00 \$ 0.00									
	b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00									
	c. Business income Subtract Line b from Line a	\$	0.00	\$	0.00					
	Rents and other real property income. Subtract Line b from Line a and enter the difference in									
	the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.									
4	Debtor Spouse									
	a. Gross receipts \$ 0.00 \$ 0.00									
	b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00									
	c. Rent and other real property income Subtract Line b from Line a	\$	0.00	\$	0.00					
5	Interest, dividends, and royalties.	\$	0.00	\$	0.00					
6	Pension and retirement income.	\$	0.00	\$	0.00					
	Any amounts paid by another person or entity, on a regular basis, for the household									
7	expenses of the debtor or the debtor's dependents, including child support paid for that									
	purpose. Do not include alimony or separate maintenance payments or amounts paid by the	\$	0.00	\$	0.00					
	debtor's spouse. Uncomplayment comparation Enter the amount in the appropriate column(s) of Line 8	Ψ	0.00	Ψ	0.00					
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a									
	benefit under the Social Security Act, do not list the amount of such compensation in Column A									
8	or B, but instead state the amount in the space below:									
	Unemployment compensation claimed to									
	be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	\$	0.00	\$	0.00					

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			
	Debtor Spouse			
	a.	.00	\$	0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). 3,730			0.00
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		3,730	.00
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD			
12	Enter the amount from Line 11	\$	3,730	0.00
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a. \$ b. \$ c. \$ \$ C. \$			
	Total and enter on Line 13	\$	(0.00
14	Subtract Line 13 from Line 12 and enter the result.	\$	3,730	0.00
15	Annualized current monthly income for $\S 1325(b)(4)$. Multiply the amount from Line 14 by the number 12 and enter the result.	\$	44,760	0.00
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
	a. Enter debtor's state of residence: MI b. Enter debtor's household size: 1	\$	43,611	1.00
17	 Application of § 1325(b)(4). Check the applicable box and proceed as directed. □ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment pot top of page 1 of this statement and continue with this statement. ■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment the top of page 1 of this statement and continue with this statement. 			
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME			
18	Enter the amount from Line 11.	\$	3,730	0.00
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a.			
20		\$	(0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	3,730).00
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$	44,760	0.00

22	Applic	able median family incom	e. Enter the amount from	m Lin	e 16.		\$	43,611.00
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.							
23		amount on Line 21 is more 25(b)(3)" at the top of page					ned ui	nder §
		"Disposable income is not ent. Do not complete Par						
	ı				DEDUCTIONS FR			·
		Subpart A: Do	eductions under Star	ndar	ds of the Internal Reve	nue Service (IRS)		
24A	Enter in applica	al Standards: food, appar in Line 24A the "Total" amount ble household size. (This in ptcy court.)	ount from IRS National	Stand	lards for Allowable Living	Expenses for the	\$	517.00
24B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in							
	House	hold members under 65 y	ears of age	Hou	sehold members 65 years	of age or older		
	a1.	Allowance per member	60	a2.	Allowance per member	144		
	b1.	Number of members	1	b2.	Number of members	0		
	c1.	Subtotal	60.00	c2.	Subtotal	0.00	\$	60.00
25A	Utilitie	Standards: housing and uses Standards; non-mortgage le at www.usdoj.gov/ust/ o	expenses for the applic	able o	county and household size.		\$	393.00
25B	Housin availab Monthl	Standards: housing and use g and Utilities Standards; rele at www.usdoj.gov/ust/ o y Payments for any debts sult in Line 25B. Do not en	mortgage/rent expense for from the clerk of the becured by your home, a	or you ankru s state	or county and household single court); enter on Line ed in Line 47; subtract Line	ze (this information is b the total of the Average		
		IRS Housing and Utilities				673.00		
	b. Average Monthly Payment for any debts secured by home, if any, as stated in Line 47				\$	960.02		
		Net mortgage/rental expens			Subtract Line b fr		\$	0.00
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:							
							\$	0.00
	expense regardl	Standards: transportation e allowance in this category ess of whether you use pub the number of vehicles for	y regardless of whether blic transportation.	you p	ay the expenses of operating	ng a vehicle and		
27A		d as a contribution to your		_	-			
	If you of Transposition	checked 0, enter on Line 27 ortation. If you checked 1 rds: Transportation for the	7A the "Public Transpor or 2 or more, enter on L applicable number of ve	tation ine 2 chicle	" amount from IRS Local 7A the "Operating Costs" as in the applicable Metropo	Standards: amount from IRS Local olitan Statistical Area or		
	Census	Region. (These amounts a	re available at www.usd	loj.go	v/ust/ or from the clerk of	the bankruptcy court.)	\$	267.00

27B	\$	0.00					
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1						
	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$ 0.00					
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	489.00			
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ 0.00 Average Monthly Payment for any debts secured by Vehicle \$ 0.00						
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	0.00			
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$	830.00			
31	Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.						
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.						
33	Other Necessary Expenses: court-ordered payments. Enter the top pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$	0.00			
34	\$	0.00					
35	Other Necessary Expenses: childcare. Enter the total average month childcare - such as baby-sitting, day care, nursery and preschool. Do		\$	0.00			
36	\$	0.00					
37	\$	55.00					
38	Total Expenses Allowed under IRS Standards. Enter the total of I	Lines 24 through 37.	\$	2,611.00			
	Subpart B: Additional Living Note: Do not include any expenses that	· •					

	the ca	th Insurance, Disability Insurance, and Fategories set out in lines a-c below that are adents					
39	a.	Health Insurance	\$	0.00			
	b.	Disability Insurance	\$	0.00			
	c.	Health Savings Account	\$	0.00			
	Total	and enter on Line 39			\$	0.00	
	If you below	a do not actually expend this total amour ::	nt, state your actual total a	verage monthly expenditures in the space			
40	Conti exper ill, or	inued contributions to the care of househ isses that you will continue to pay for the re disabled member of your household or me isses. Do not include payments listed in Li	asonable and necessary ca ember of your immediate f	are and support of an elderly, chronically	\$	0.00	
41	actua	ection against family violence. Enter the to lly incur to maintain the safety of your fam cable federal law. The nature of these expe	ily under the Family Viole	ence Prevention and Services Act or othe	r \$	0.00	
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.						
43	actual school docu	ation expenses for dependent children un lly incur, not to exceed \$137.50 per child, of by your dependent children less than 18 pentation of your actual expenses, and y sary and not already accounted for in the	for attendance at a private years of age. You must proumust proumust explain why the	or public elementary or secondary covide your case trustee with	\$	0.00	
44	exper Stand or fro	tional food and clothing expense. Enter the assess exceed the combined allowances for follards, not to exceed 5% of those combined on the clerk of the bankruptcy court.) You nable and necessary.	ood and clothing (apparel allowances. (This information	and services) in the IRS National ation is available at www.usdoj.gov/ust/	\$	0.00	
45	contr	itable contributions. Enter the amount realibutions in the form of cash or financial insp(1)-(2). Do not include any amount in example 2	struments to a charitable o	rganization as defined in 26 U.S.C. §	\$	0.00	
46	Total	Additional Expense Deductions under §	707(b). Enter the total o	f Lines 39 through 45.	\$	0.00	

		Payment	ebt I	ubpart C: Deductions for De	S			
	Payment, and tal of all amounts the bankruptcy	Average Monthly Payment is the tot ving the filing of	the A hly P ollow	For each of your debts that is secured the property securing the debt, state taxes or insurance. The Average Month Secured Creditor in the 60 months foundational entries on a separate page.	list the name of creditor, identify k whether the payment includes ta duled as contractually due to each	own, l check sched case, o	47	
	Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance							
	yes 110		\$	711 South Blvd. nn Arbor, MI 48104 Debtor's residence)		a.		
960.02	\$	otal: Add Lines						
	ou may include in ion to the uld include any such amounts in	ur dependents, you creditor in addition cure amount wood List and total any	of you y the The	f any of debts listed in Line 47 are set ary for your support or the support of the "cure amount") that you must pay maintain possession of the property. der to avoid repossession or foreclose dditional entries on a separate page.	or vehicle, or other property necess deduction 1/60th of any amount (ments listed in Line 47, in order to s in default that must be paid in or ollowing chart. If necessary, list ac	motor your o payme sums the fo	48	
	he Cure Amount	1/60th of t		Property Securing the Debt	Name of Creditor -NONE-			
0.00	\$ Гotal: Add Lines							
0.00	\$ cruptcy filing. Do	ime of your bank	the ti	ins. Enter the total amount, divided claims, for which you were liable at as those set out in Line 33. Multiply the amount in Line a by the	ity tax, child support and alimony nclude current obligations, such	priorit not in	49	
					ting administrative expense.	resulti		
	0.00 4.50		\$ x	apter 13 plan payment. trict as determined under schedules for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	issued by the Executive Office information is available at ww	a. b.	50	
0.00	\$	otal: Multiply Li		ve expense of Chapter 13 case	the bankruptcy court.) Average monthly administrative	c.		
960.02	\$ 			Enter the total of Lines 47 through 5	l Deductions for Debt Payment.	Total	51	
		n Income	fron	ibpart D: Total Deductions f	Sı			
3,571.02	\$		51.	Enter the total of Lines 38, 46, and 5	l of all deductions from income.	Total	52	
	ER § 1325(b)(2)	COME UNDE	INC	ATION OF DISPOSABLE	Part V. DETERMIN			
3,730.00	\$ Total current monthly income. Enter the amount from Line 20.						53	
0.00	\$ Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.							
185.00	\$ mployer from ired repayments of	ithheld by your e and (b) all requi	its wi b)(7)	ter the monthly total of (a) all amountirement plans, as specified in § 541(bd in § 362(b)(19).	lified retirement deductions. En as as contributions for qualified relations from retirement plans, as specified	wages	55	
3,571.02	\$	ne 52.	n Lin	• § 707(b)(2). Enter the amount from	l of all deductions allowed under	Total	56	

	-					
	there is no reasonable alternati If necessary, list additional ent provide your case trustee with	stances. If there are special circumstantive, describe the special circumstantries on a separate page. Total the each documentation of these expense that make such expense necessary	expenses and ente es and you must	ting expenses in lines a-c below. r the total in Line 57. You must provide a detailed explanation		
57	Nature of special circui	nstances	Amo	ount of Expense]	
	a.		\$	-		
	b.		\$			
	c.		\$			
			Tota	al: Add Lines	\$	0.00
58	Total adjustments to determine result.	ine disposable income. Add the ar	mounts on Lines	54, 55, 56, and 57 and enter the	\$	3,756.02
59	Monthly Disposable Income	Under § 1325(b)(2). Subtract Line	e 58 from Line 53	3 and enter the result.	\$	-26.02
		Part VI. ADDITIONAL	L EXPENSE (CLAIMS		
	of you and your family and that 707(b)(2)(A)(ii)(I). If necessal each item. Total the expenses	cribe any monthly expenses, not of at you contend should be an additionary, list additional sources on a sepa.	onal deduction fro	om your current monthly income gures should reflect your average	under §	
60	Expense Description			Monthly Amount \$		
	a.			Φ		

Part VII. VERIFICATION

Total: Add Lines a, b, c and d

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

\$

\$

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Date: December 14, 2009 Signature: /s/ Deborah J. Boissoneau

Deborah J. Boissoneau

(Debtor)

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